



Dairy Waste General Discharge Permit Application for Coverage

FOR AGENCY USE ONLY

Date application Received: _____ Application/Permit No. _____ Date Application Accepted: _____

WRIA Number: _____ Conservation District: _____

Latitude: _____ Longitude: _____

This application is for a waste discharge permit as required in accordance with the federal Water Pollution Control Act, as amended (The Clean Water Act), Title 33 United State Code, Section 1251 et seq., and the State Water Pollution Control Act in accordance with provisions of Chapter 90.48 RCW and Chapter 173-226 WAC. Additional information may be required. Information previously submitted to this application should be referenced in the appropriate section.

Ecology is an Equal Opportunity employer and shall not discriminate on the basis of race, creed, color, national origin, sex, marital status, sexual orientation, age, religion or disability as defined by applicable state and/or federal regulations or statutes. If you have special accommodation needs, contact Telecommunications Device for the Deaf (TDD) at (360) 407-6468 or (360) 407-6006 (TDD).

Section A: General Information

1. **Dairy Name:** _____

2. **Mailing Address** (Billing Address): _____

3. **Address of Dairy** (if different): _____

4. **Uniform Business Identification Number** (UBI number): _____

5. **Person to contact** who is familiar with the information contained in this application: _____

Name: _____

Title: _____ Phone: _____

Section B: Animal Waste Management (Conservation) Plan

1. Do you have an animal waste management (conservation) plan? ☐ Yes ☐ No

2. If yes, what year was the plan developed: _____

3. What herd size (mature dairy cattle) was the plan developed for? _____

4. Was the plan developed or approved by the local Conservation District or federal Soil Conservation Service?

☐ Yes ☐ No

5. If no, who developed your plan? Name: _____ Phone: _____

6. Is the plan being fully implemented? ☐ Yes ☐ No

7. If no, what percent is being fully implemented: _____

8. What is your target date for full implementation: _____

Section C: Current Herd Size

1. Number of mature dairy cows (milked or dry): _____
2. Number of heifers: _____
3. Type and number of other commercially raised animals? *Type:* _____ *Number:* _____

Section D: Manure Storage

1. Identify the manure storage facilities used on your dairy. (Check all categories that apply)
☐ Above ground storage tank ☐ Under ground pit or tank ☐ Dry storage ☐ Lagoon or pond
2. Identify the total waste storage capacity and volume on our farm.
Storage capacity: _____ *months.* Storage volume: _____ (*gallons or cubic feet?*)

Section E: Manure Utilization

1. Check the manure/wastewater utilization methods used on your dairy (Check all categories that apply):
☐ Acres used for field application: _____
☐ Other, list: _____
2. Check the months of the year you apply manure or wastewater to fields:
☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

Section F: Discharge of Pollutants

1. Is manure or runoff contaminated with manure discharged to waters of the state (i.e. streams, ditches, creeks, ponds, lakes, or saltwater) through a manmade ditch, flushing system or other similar manmade device?
☐ Yes ☐ No

Section G: Site Factors

1. Are most of the dairy cattle stabled or confined? ☐ Yes ☐ No
If yes, usually for how many weeks each year: _____
2. How far are any streams, creeks, ditches, ponds or lakes to the animal confinement area?
☐ *less than 50 feet* ☐ *50 to 100 feet* ☐ *Over 100 feet*
3. Do animals come into direct contact with streams, ditches, creeks, ponds, lakes, or saltwater on the farm?
☐ Yes ☐ No

I certify under penalty of law this document and all attachments were prepared by myself or under my direction or supervision in a manner to assure qualified individuals gathered the information. I further certify that based upon my discussion with the persons responsible for gathering the information, it is to the best of my knowledge and belief, true, accurate and complete.

Date: _____ Signature: _____
Title: _____ Printed Name: _____